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CONFIRMATION NO. 5172

<b>SERIAL NUMBER</b> 10/782,457	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> 160-035
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## APPLICANTS

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Laura Bridge, Sharon, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/449,602 02/24/2003 and claims benefit of 60/466,448 04/29/2003  
and claims benefit of 60/472,320 05/21/2003  
and claims benefit of 60/472,239 05/21/2003

*gmt 2/2/07*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none gmt 2/2/07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
05/14/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NH	SHEETS DRAWING 62	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>					

ADDRESS  
34845

## TITLE

Distance determination apparatus for use by devices in a wireless network

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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